



Linda D. Thompson, Mayor
Harrisburg City Council

City of Harrisburg



Department of
Building and Housing
Development
Phone: 255-6419

Rental Unit Lead Based Paint Hazard Control Grant Application

Mayor Linda D. Thompson invites you to participate in the Rental Units Lead Based Paint Hazard Control Grant. Please attach the following required documents and information which includes:

- A. Letter of Intent (Owner)
- B. Financial Privacy Notice (Owner)
- C. Copy of insurance policy for the property (Owner)
- D. Copy of the current City Rental Inspection or buyers notification. (Property must be code compliant in conjunction with lead grant funds) (Owner)
- E. Direct Benefit Survey Form (included with this application) for **all persons living in the household.** (Tenant) If multiple units, one form for each unit
- F. Income/Asset verification for **all occupants.** If the property is vacant, keep the forms until it is rented. (Tenant)

RETURN THIS APPLICATION TO:

Darrell Livingston
Department of Building & Housing Development
10 North Second Street, Suite 206
Harrisburg, PA 17110-1681
(717) 255-6419

Letter of Intent

Rental Units

Property owner (Name(s) on Deed) Address (owners) Phone

Property manager Address Phone

Property Address # of units

of bedrooms per unit

In requesting a Lead Based Paint Hazard Control Grant for treatment of lead hazards I certify the following:

1. I shall enter/continue the Lease with low – moderate income families with child/children under the age of six (6) upon completion of work, and continue that contract arrangement for a period not less than three (3) years. Should the property be conveyed to a new owner, this contract arrangement shall be transferred to and enforceable against said new owner.
2. The property is in or will be in compliance with the City of Harrisburg's 2000 Property Maintenance Code as amended and I shall maintain it as such.
3. I shall maintain property insurance.
4. I shall accept the City's maximum cost reimbursement and pay any costs in excess of that amount that may be required for lead hazard reduction.
5. I shall provide a temporary relocation dwelling if required. (The CLPP Public Health Nurse will advise if relocation is mandatory.)
6. I shall utilize only trained, EPA-certified and PA Labor & Industry licensed contractors and workers to undertake lead hazard reduction work.
7. I shall allow the DBHD to monitor all hazard reduction work while in progress.
8. I understand the DBHD will accept the unit and release funds if the above terms are met and post-hazard reduction clearance tests are satisfactory and any other federal grant requirements are satisfied.
9. I understand that I must meet the standards for participation (attached) for my request to be accepted by the DBHD.
10. If the unit is currently vacant, I _____, owner of:
_____ shall make available to income qualified households with children under the age of 6 (six) and enter into a Lease with a low – moderate income family upon completion of the lead hazard control work. I will continue that contract arrangement for a period not less than three (3) years. I will report to the City of Harrisburg tenant information, as soon as available, concerning household income, ethnic background and status of head of household.

I understand that DBHD will:

1. Release funds payable to a qualified contractor for reasonable and necessary lead-hazard reduction costs not to exceed \$8,000.00 average per unit in each property, and reimburse me for temporary relocation costs not to exceed \$1,250 per dwelling unit. **(\$8,000.00 is subject to change)**
2. Through the CLPPP, provide health care case management and lead poisoning prevention counseling to the tenant(s), including follow-up blood tests.
3. Provide worker and supervisor training for my preferred contractor and its employees
4. Provide initial post-construction clearance tests, but if initial tests fail, the contractor may be charged for additional test costs.
5. Ensure my compliance with all grant regulations including but not limited to training, worker safety, site containment, tenant protection.

I certify, under penalty of Law, that the above is true and correct. I understand that I must fulfill my responsibilities as outlined herein to receive financial assistance from the City of Harrisburg.

Submitted by: _____

Signature: _____

Date: _____

Commonwealth of Pennsylvania :
County of Dauphin :

On this, the _____ day of _____, 20____, before me a notary public, the undersigned officer, personally appeared _____ known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged that (s)he executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

Notary Public

CITY OF HARRISBURG

DEPT. OF BUILDING AND HOUSING DEVELOPMENT

FINANCIAL PRIVACY NOTICE

Law requires this notice to you. The right to Financial Privacy Act of 1978 provides that the City of Harrisburg and U. S. Department of Housing and Urban Development has a right to access certain financial records to determine eligibility for consideration of program participation. Information provided will not be disclosed or related to another Government Agency or Department without your further consent, except as required or permitted by law.

I/We hereby authorize the City of Harrisburg, Department of Building and Housing Development to obtain, receive and access records and information pertaining to credit, including credit reports from persons, companies or firms having such information. This information is for the purpose of determining credit, bonding and insuring capabilities of a participating contractor.

This authorization hereby gives the City of Harrisburg the right to request and obtain information on any matter referred to above. I/We, signed below, agree to make no claim for defamation, violation of privacy, or otherwise against any person, companies or corporations by reason of any statement of information released by them to the City of Harrisburg.

Owner's Name & Social Security Number

Date

Signature

Witness

Commonwealth of Pennsylvania :
County of Dauphin :

On this, the _____ day of _____, 20____, before me a notary public, the undersigned officer, personally appeared _____ known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged that (s)he executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

Notary Public

Standards for participation by Owners, Management Agents, and Contractors in the Lead Hazard Control Program:

Individual Owners, Management Agents, and Contractors (“covered individuals”) and when applicable, the companies or partnerships that house or employ them are not eligible for participation in the Lead Hazard Control Program in the following circumstances:

1. There are open housing discrimination or fair lending discrimination complaints against the covered individual or company/partnership.
2. There are open criminal or business practices investigations involving the covered individual or company/partnership.
3. There are flagrant housing code violations on property owned by the Seller, agent or buyer.
4. There are open court orders requiring repair of code violations or demolition of buildings owned by the Seller, agent or buyer.
5. A covered individual misrepresents the facts of a specific transaction or agreement to any vested or interested party.
6. A covered individual engages in an apparent attempt to commit fraud in the preparation of the application for financial assistance or underlying documents, contracts or agreements.
7. A covered individual is delinquent in City utility or tax payments.

LEAD PROGRAM

TENANT INFORMATION

| | | |
|--|----------------------|------------------|
| Name: | Birthdate | Phone # (717) |
| Address: | How long Yr. Mos. | No. of Bedrooms |
| Do you have a current Renters's Insurance Policy: Yes No (if so please provide) | | |

EMPLOYMENT INFORMATION

| | |
|---|------------------|
| Name & Address of Employer: | Phone # (717) |
| Gross Monthly Salary: \$ | Position: |
| NOTICE: Alimony, Child Support, Social Security, Public Assistance, Disability, Retirement, and all other income must be included. | |
| Other Income: | |

HOUSEHOLD MEMBERS INFORMATION

| NAME | Birthdate | Social Security # | SEX | RELATIONSHIP |
|------|-----------|-------------------|-----|--------------|
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
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| | | | | |

HOUSEHOLD MEMBERS INCOME INFORMATION

| NAME | SOURCE & ADDRESS | MONTHLY AMT. |
|------|------------------|--------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

I Certify under penalty of law, that the information furnished is complete and true to the best of my knowledge and is submitted to the City of Harrisburg for purposes of the rehabilitation program under LHC Grant.

Tenant's Signature(s): _____ Date: _____

DBHD Staff Signature: _____ Date: _____

The following forms are for TENANT to complete.

1. Direct Benefit Survey Form

2. Household Information

3. Verification of Assets Form (2 pages). If tenant does not have a bank account, write “N/A” they sign the form.

**4. Income verification – choose applicable form(s) of income
Submit only income forms that apply to the household.**

If property is vacant, there is no need to submit these forms until it is rented.

City of Harrisburg

2009 DIRECT BENEFIT SURVEY FORM

For Housing Programs

CDBG/HOME-Funded Program/Project: _____

The following information is needed to determine the eligibility of housing activities funded by the Community Development Block Grant (CDBG) Program of the U.S. Department of Housing and Urban Development (HUD). The head of household who occupies or will occupy CDBG-assisted housing should complete this form.

Occupant's Name (please print): _____

Address: _____

1. How many people live in your house or apartment? _____ (This is your household size. Use this number to complete Question #2.)

2. What is your total annual household income? \$ _____. Find your household size in the first column below. On that row, check the box that describes your total household income for your household size.

Check one box only.

| Family Size | 0 – 30% MFI Annual Family Income | 31% - 50% MFI Annual Family Income | 51% - 80% MFI Annual Family Income | Over 80% MFI Annual Family Income |
|-------------|---|--|--|--|
| 1 | <input type="checkbox"/> \$14,750 or less | <input type="checkbox"/> \$14,751 - \$24,600 | <input type="checkbox"/> \$24,601 - \$39,400 | <input type="checkbox"/> over \$39,400 |
| 2 | <input type="checkbox"/> \$16,900 or less | <input type="checkbox"/> \$16,901 - \$28,100 | <input type="checkbox"/> \$28,101 - \$45,000 | <input type="checkbox"/> over \$45,000 |
| 3 | <input type="checkbox"/> \$19,000 or less | <input type="checkbox"/> \$19,001 - \$31,650 | <input type="checkbox"/> \$31,651 - \$50,650 | <input type="checkbox"/> over \$50,650 |
| 4 | <input type="checkbox"/> \$21,100 or less | <input type="checkbox"/> \$21,101 - \$35,150 | <input type="checkbox"/> \$35,151 - \$56,250 | <input type="checkbox"/> over \$56,250 |
| 5 | <input type="checkbox"/> \$22,800 or less | <input type="checkbox"/> \$22,801 - \$37,950 | <input type="checkbox"/> \$37,951 - \$60,750 | <input type="checkbox"/> over \$60,750 |
| 6 | <input type="checkbox"/> \$24,500 or less | <input type="checkbox"/> \$24,501 - \$40,750 | <input type="checkbox"/> \$40,751 - \$65,250 | <input type="checkbox"/> over \$65,250 |
| 7 | <input type="checkbox"/> \$26,150 or less | <input type="checkbox"/> \$26,151 - \$43,600 | <input type="checkbox"/> \$43,601 - \$69,750 | <input type="checkbox"/> over \$69,750 |
| 8 | <input type="checkbox"/> \$27,850 or less | <input type="checkbox"/> \$27,851 - \$46,400 | <input type="checkbox"/> \$46,401 - \$74,250 | <input type="checkbox"/> over \$74,250 |

3. Racial/ethnic group of head of household.

Check all that apply:

- ☐ Black/African-American
- ☐ White
- ☐ Asian
- ☐ American Indian/Alaskan Native
- ☐ Native Hawaiian/ Other Pacific Islander
- ☐ Am. Indian/ Alaskan Native & White
- ☐ Asian & White
- ☐ Black/African American & White
- ☐ Am. Indian/ Alaskan Native & Black/African American
- ☐ Other Multi-Racial

☐ Owner-occupant

☐ Renter-occupant

5. If a renter, monthly rent paid: \$ _____

6. Is the head of the household a female? Yes No

7. Is the head of the household age 62 or over? Yes No

Any false statements made knowingly and willfully may subject the signer to penalties under Section 1010 of the United States Code.

4. Hispanic Ethnicity? Yes No

Check one:

Occupant's Signature

Date

Child Occupied Unit Certification

Lead Hazard Control Program (LHCP)

Please print all requested information (except signatures).

Type of Unit ☐ Rental ☐ Owner Occupied

Name(s) of Owner/Tenant: _____

Address: _____

Name of Child #1 _____

Age of Child _____ Child Date of Birth _____

Name of Child #2 _____

Age of Child _____ Child Date of Birth _____

Name of Child #3 _____

Age of Child _____ Child Date of Birth _____

Name of Parent/Guardian of the Child(ren) _____

Relationship of the Child(ren) to the Owner/Tenant _____

Please check one of the following, which best describes the child occupancy of this unit:

☐ Child under age 6 is a permanent resident of the above-mentioned unit.

☐ Child under age 6 is expected to reside in the unit (i.e., pregnant woman is an occupant; or family is undergoing the process to adopt or become foster parents of a child under age 6).

☐ Child under age 6 visits at least two different days within the week (Sunday through Saturday) and each day's visit lasts at least 3 hours and the combined weekly visits last at least 6 hours and the combined annual visits last at least 60 hours. Estimated duration and frequency of visits _____.

I/We certify that the disclosed information is true and will be used for program participation purposes only.

Parent/Guardian

Date

Tenant/Owner

Date

03/2007



Linda D. Thompson, Mayor
Harrisburg City Council

City of Harrisburg

Verification of Assets



Department of Building
and Housing
Development
Bureau of Housing
Phone: 255-6419

Property #

APPLICANT INFORMATION

Name:

Phone #

(717)

How long

Address:

The above listed applicant currently rents or has submitted a proposal to rent a home/apartment that has received or may receive Lead Hazard Control grant funds in the rehabilitation of the said property. The applicant(s) has authorized the City of Harrisburg to obtain financial information related to income received. This information is for the use of this Agency, and is required by the United States Department of Housing and Urban Development. The information you provide will be used only for the purpose of determining the household's eligibility for tenancy. We are required to complete our verification process in a short time period and would appreciate your prompt response. Please complete this form with the requested information and return in the envelope provided. The applicant(s) has been informed of all rights to Financial Privacy.

VERIFICATION OF ASSETS

Name & Address of Bank:

RELEASE: I hereby authorize the release of the requested information.

Signature of Authorization & Date(Applicant's)

Return Form(s) to: Department of Building & Housing Development
City of Harrisburg
The Rev. Martin L. King, Jr. City Government Center
10 North 2nd Street, Suite 206
Harrisburg, PA 17101-1681
Attention: Darrell Livingston

***Note:** The above information is furnished at your request in the strictest of confidence.



Linda D. Thompson, Mayor
Harrisburg City Council

City of Harrisburg

Verification of Assets



Department of
Building
and Housing
Development
Bureau of Housing
Development
Phone: 255-6419

CHECKING ACCOUNT

Account Number(s)

Average 6-month Balance

Interest Rate, if any

SAVINGS ACCOUNT

Account Number(s)

Present Account Balance(s)

Annual Interest Rate, if any

Withdrawal Penalty

CERTIFICATE OF DEPOSIT

Account Number(s)

Present Account Balance(s)

Annual Interest Rate, if any

Withdrawal Penalty

TRUST

Value of Trust Fund Administered

Anticipated amount of Income to be earned by Trust over the next 12 months

I certify that the above information is true and correct.

Name & Title of Official

Signature & Date

Name & Address of Institution

Telephone Number



Linda D. Thompson, Mayor
Harrisburg City Council

City of Harrisburg

Verification of Wage / Unemployment



Department of Building
and Housing
Development
Bureau of Housing
Phone: 255-6419

Property # _____

APPLICANT INFORMATION

| | |
|----------|---------|
| Name: | Phone # |
| | (717) |
| How long | |
| Address: | |

The above listed applicant rents or has submitted a proposal to rent a home/apartment that has received or may receive Lead Hazard Control grant funds in the rehabilitation of the said property. The applicant(s) has authorized the City of Harrisburg to obtain financial information related to income received. This information is for the use of this Agency, and is required by the United States Department of Housing and Urban Development. Please complete this form with the requested information and return in the envelope provided. The applicant(s) has been informed of all rights to Financial Privacy.

VERIFICATION OF WAGE / UNEMPLOYMENT

| |
|-----------------------------|
| Name & Address of Employer: |
| Position / Title |
| Gross Annual Salary |
| Date of Employment |

Signature of Authorization (Applicant's)

Return Form(s) to: Department of Building & Housing Development
City of Harrisburg
The Rev. Martin L. King, Jr. City Government Center
10 North 2nd Street, Suite 206
Harrisburg, PA 17101-1681

Attention: Darrell Livingston

***Note:** The above information is furnished at your request in the strictest of confidence.

Name of Verifier

Date



City of Harrisburg



Department of Building
and Housing
Development
Bureau of Housing
Phone: 255-6419

Linda D. Thompson, Mayor
Harrisburg City Council

Verification of Social Security

Property # _____

APPLICANT INFORMATION

| | | |
|------------|-------------------|----------|
| Name: | Social Security # | Phone # |
| | | How long |
| Address: . | | |

The above listed applicant rents or has submitted a proposal to rent a home/apartment that has received or may receive Lead Hazard Control grant funds in the rehabilitation of the said property. The applicant(s) has authorized the City of Harrisburg to obtain financial information related to income received. This information is for the use of this Agency, and the United States Department of Housing & Urban Development. Please complete this form with the requested information and return it. The applicant(s) has been informed of all rights to Financial Privacy.

VERIFICATION OF SOCIAL SECURITY

| |
|---|
| Name & Address |
| Social Security Administration, 555 Walnut Street, Harrisburg, PA 17101 |
| Gross Amount of Social Security Benefit |
| Amount Deducted for Medicare |
| Supplemental Security Income (SSI) Payment |

Signature of Authorization (Applicant's)

Return Form(s) to: Department of Building & Housing Development
City of Harrisburg
The Rev. Martin L. King, Jr. City Government Center
10 North 2nd Street, Suite 206
Harrisburg, PA 17101-1681

Attention: Darrell Livingston

***Note:** The above information is furnished at your request in the strictest of confidence.

Name & Date



Linda D. Thompson, Mayor
Harrisburg City Council

City of Harrisburg

Verification of Pension



Department of Building
and Housing
Development
Bureau of Housing
Phone: 255-6419

Property #

APPLICANT INFORMATION

| | | |
|----------|-------------------|----------|
| Name: | Social Security # | Phone # |
| Address: | | How long |

The above listed applicant currently rents or has made application to rent a home/apartment that has received or may receive Lead Hazard Control grant funds in the rehabilitation of the said property. The applicant(s) has authorized the City of Harrisburg to obtain financial information related to income received. This information is for the use of this Agency, and the United States Department of Housing & Urban Development. Please complete this form with the requested information and return it. The applicant(s) has been informed of all rights to Financial Privacy.

VERIFICATION OF PENSION

| | |
|------------------------------------|---|
| Agency & Address | |
| Current Monthly Gross Amount \$ | Deduction from Gross for Medical Insurance Premiums \$ |
| Amount received in a lump sum | |
| Effective Date of Current Amount | |

Signature of Authorization (Applicant's)

Return Form(s) to: Department of Building & Housing Development
City of Harrisburg
The Rev. Martin L. King, Jr. City Government Center
10 North 2nd Street, Suite 206
Harrisburg, PA 17101-1681

Attention: Darrell Livingston

***Note:** The above information is furnished at your request in the strictest of confidence.

Name & Date



Linda D. Thompson, Mayor
Harrisburg City Council

City of Harrisburg

Verification of Disability Assistance



Department of Building
and Housing
Development
Bureau of Housing
Phone: 255-6419

Property #

APPLICANT INFORMATION

Name:

Phone #

How long

Address:

The above listed applicant currently rents or has made application to rent a home/apartment that has received or may receive Lead Hazard Control grant funds in the rehabilitation of the said property. The applicant(s) has authorized the City of Harrisburg to obtain financial information related to income received. This information is for the use of this Agency, and the United States Department of Housing & Urban Development. Please complete this form with the requested information and return it. The applicant(s) has been informed of all rights to Financial Privacy.

VERIFICATION OF DISABILITY ASSISTANCE

Agency & Address:

Claim Number

Monthly Disability Benefits

From

to

Signature of Authorization (Applicant's)

Return Form(s) to: Department of Building & Housing Development
City of Harrisburg
The Rev. Martin L. King, Jr. City Government Center
10 North 2nd Street, Suite 206
Harrisburg, PA 17101-1681

Attention: Darrell Livingston

***Note:** The above information is furnished at your request in the strictest of confidence.

Name & Date



Linda D. Thompson, Mayor
Harrisburg City Council

City of Harrisburg

Verification of Grant Assistance



Department of Building
and Housing
Development
Bureau of Housing
Phone: 255-6419

Property # _____

APPLICANT INFORMATION

Name: _____ Phone # _____
()

Address: _____

The above listed applicant currently rents or has submitted a proposal to rent a home/apartment that has received or may receive lead Hazard Control Grant funds in the rehabilitation of said property. The applicant(s) has authorized the City of Harrisburg to obtain financial information related to income received. This information is for the use of this Agency, and the United States Department of Housing & Urban Development. Please complete this form with the requested information and return it. The applicant(s) has been informed of all rights to Financial Privacy.

VERIFICATION OF GRANT ASSISTANCE

Agency & Address
Dept. of Public Assistance, 2432 North 7th Street, Harrisburg, PA 17110

Social Security Number _____

Case Number _____

| Monthly Benefit Amount | Food Stamp Amount | Other Benefit Amount |
|------------------------|-------------------|----------------------|
| \$ _____ | \$ _____ | \$ _____ |

Signature of Authorization (Applicant's)

Return Form(s) to: Department of Building & Housing Development
City of Harrisburg
The Rev. Martin L. King, Jr. City Government Center
10 North 2nd Street, Suite 206
Harrisburg, PA 17101-1681

Attention: Darrell Livingston

***Note:** The above information is furnished at your request in the strictest of confidence.

Name & Date (Verifier)



Linda D. Thompson, Mayor
Harrisburg City Council

City of Harrisburg



Department of Building
and Housing
Development
Bureau of Housing
Phone: 255-6419

Verification of Support Grant Assistance

Property # _____

APPLICANT INFORMATION

Name: _____ Social Security # _____ DOB _____ Phone # _____

Address: _____

The above listed applicant currently rents or has made application to rent a home/apartment that has received or may receive Lead Hazard Control grant funds in the rehabilitation of the said property. The applicant(s) has authorized the City of Harrisburg to obtain financial information related to income received. This information is for the use of this Agency, and the United States Department of Housing & Urban Development. Please complete this form with the requested information and return it. The applicant(s) has been informed of all rights to Financial Privacy.

VERIFICATION OF SUPPORT GRANT ASSISTANCE

Name & Address: _____

Defendant's Name _____ Docket # _____

Monthly Benefits _____

From (dates) _____

Signature of Authorization (Applicant's)

Return Form(s) to: Department of Building & Housing Development
City of Harrisburg
The Rev. Martin L. King, Jr. City Government Center
10 North 2nd Street, Suite 206
Harrisburg, PA 17101-1681

Attention: Darrell Livingston

***Note:** The above information is furnished at your request in the strictest of confidence.

Name & Date (Verifier)